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11/6/99
FROM: Patrea L. Pabst **DATE:** June 21, 1999
PHONE: 404-873-8794 **CLIENT/MATTER #:** 20487/186 (OMRF 161)

PLEASE DELIVER AS SOON AS POSSIBLE TO:

RECIPIENT	COMPANY	FAX NO.	PHONE NO.
1. Mary K. Zeman	U.S. Patent and Trademark Office	(703) 305-7401	(703) 305-7133

Total number of pages including this page: 47.
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Re: Applicants: John B. Harley and Judith A. James
Serial No.: 08/781,296
Filed: January 13, 1997
For: **DIAGNOSTICS AND THERAPY OF EPSTEIN-BARR
VIRUS IN AUTOIMMUNE DISORDERS**

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PTO/SB/17 (12-98)

Approved for use through 09/30/2000. OMB 0851-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL

for FY 1999

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Small Entity payments must be supported by a small entity statement,
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TOTAL AMOUNT OF PAYMENT (\$ 55.00)

Complete if Known

Application Number	08/781,296
Filing Date	January 13, 1997
First Named Inventor	John B. Harley
Examiner Name	M. Zeman
Group / Art Unit	1643
Attorney Docket No.	OMRF 161

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 01-2507
Deposit Account Name Arnall Golden & Gregory, LLP

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee	Fee Code (\$)	Fee	Fee Description	Fee Paid
101	760	201	380	Utility filing fee	
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	760	208	380	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$ 0.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
15	.26	10	X 0.00 = 0.00
Independent Claims 4	6	= 0	X 0.00 = 0.00
Multiple Dependent			= (1)(K)

*or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee	Fee Code (\$)	Fee	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	78	202	39	Independent claims in excess of 3	
104	260	204	130	Multiple dependent claim, if not paid	
109	78	209	39	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 0.00)

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 55.00)

Complete if applicable

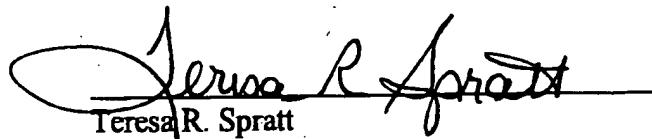
Typed or Printed Name	Patrea L. Pabst	Reg. Number	31,284
Signature	<i>[Signature]</i>	Date	06/21/99

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U.S. SERIAL NO.: 08/781,296
FILED: January 13, 1997
RESPONSE UNDER 35 C.F.R. 1.116

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the attached Response Under 37 C.F.R. § 1.116 is being facsimile transmitted on the date shown below to Examiner Mary K. Zeman at the U.S. Patent and Trademark Office at (703) 305-7401.



Teresa R. Spratt
Teresa R. Spratt

Date: June 21, 1999

OMRF 161
20487/186

U.S.S.N.: 08/781,296
Filed: January 13, 1997
**SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT**

present application. Applicants are of the opinion that their claims patentably distinguish over the art referred to herein, either alone or in combination.

Respectfully submitted,



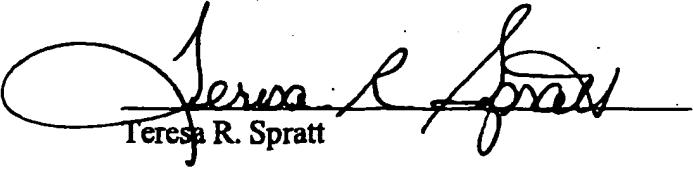
Patrea L. Pabst
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Dated: June 21, 1999

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CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the attached Supplemental Information Disclosure Statement is being facsimile transmitted on the date shown below to Examiner Mary K. Zeman at the U.S. Patent and Trademark Office at (703) 305-7401.


Teresa R. Spratt

Date: June 21, 1999